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Asbury Park Press - August 23, 2009

TOMS RIVER - Beyond the boisterous town hall meetings, the protests and the ugly vitriol on both sides, the sheer complexity and bureaucratic nightmare of health care reform was best illustrated in a roundtable discussion Saturday of medical professionals, insurance brokers, public policy experts and small business owners.

The event was hosted by U.S. Rep. John Adler, D-N.J., who sought momentarily to take the contentious health care reform debate out of the emotional venues of packed auditoriums and meeting halls, to a quiet conference room at the Ocean County Library. Here, about a dozen people - with a dozen opinions - were invited to speak their minds without fear of being shouted down or attacked for their views. There was no advance publicity and access was by invitation-only, including media.

While Adler has hosted some rancorous meetings across his 3rd Congressional District this summer, including in Toms River and Stafford, he has not been subjected to the kind of heckles or threats like some of his Democratic colleagues in the House of Representatives.

That may be in large part be because Adler said he shares much of the same consternation as many of his constituents over the existing legislation proposed.

"The bill that's coming through the House, with or without the public option, isn't good for America," Adler said matter-of-factly. "We have Congressional Budget Office projections of a trillion-dollar increase in costs that will have to be borne by taxpayers or insurance purchasers; meaning businesses and households. Either way, that's a cost we can't afford."

While he won't speculate on what will happen when the House reconvenes on Sept. 8, he said acceptable reform is one that keeps all the good parts of the American health care system but does a better job at controlling costs.

"I'm hearing different views from different people, but I'm hearing a consistent concern about cost to taxpayers and to insurance purchasers, and I share that concern that real health care reform has to involve cost controls to make private insurance affordable."

Now here comes the trillion dollar or more question: How do Congress, President Barack Obama and the American people get there?

Amy B. Mansue, president and chief executive officer of Children's Specialized Hospital, the largest pediatric rehabilitation hospital in the country with a facility in Toms River, observed that health care is not equal across the United States.

"The benefits for children with severe disabilities in New Jersey are very, very good," Mansue said. "They're not so good in Alabama. They're not so good in Texas. And I don't want our benefits to be downgraded to try and come to some type of federal level."

She said while the White House is justified in expressing anger at some on the right who have suggested reform would lead to "death panels," there is concern among some in her field about a potential review process called, "comparative effectiveness."

"Language that has been used to talk about whether or not a service is worthy for the individual," Mansue said. "Our children are the severest of the severe. . . . There has been no research that has looked at whether or not the therapies that we do are "effective.' . . . For some of us, being able to have a child blink and indicate yes or no, is a tremendous success that takes years to be able to accomplish. I don't know if you stuck it into a formula, whether it would come out as effective and that's a dialogue we need to have."

E. Joseph Hummel, chief strategy officer at Southern Ocean County Hospital in Stafford, said the health care reform debate is largely focusing on the wrong industry. "And it's not just about health care insurance and it's not just about health care providers, it's about research, it's about pharmaceutical companies who (when) the FDA approves a drug . . . you can't get a generic version for five years," Hummel said.

He said tort reform is also needed to protect doctors from the constant threat of litigation.

Doug Lubenow, who owns his own insurance agency specializing in group benefits in Moorestown, and is the legislative chairman for the National Association of Health Underwriters, said he is against a public government-run option because private insurance carriers will never be able to compete.

"Eventually, everybody will be drawn out of the private marketplace" over a gradual period of time starting with uninsured individuals first and small businesses second, Lubenow said.

"Eventually the larger companies will be giving off their people to the public plan and sooner or later you're going to have a single payer system in place. And whether that's the ultimate goal, some people in Washington definitely want the single payer, we know that for a fact."

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